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Form 990-EZ

Department of the Treasury
Internal Revenue Service

**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2009Open to Public
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning**and ending****B Check if applicable**

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization**LEAVE THE LIGHT ON FOUNDATION**

Number and street (or P O box, if mail is not delivered to street address)

2211 E. JEFFERSON AVE.

D Employer identification number

38-3626538

City or town, state or country, and ZIP + 4

DETROIT, MI 48207

E Telephone number

(313) 567-3300

F Group Exemption Number

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► N/A**J Tax-exempt status (check only one)** — 501(c)(3) (insert no) 4947(a)(1) or 527**K Check** ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 18,386.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 18,051.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 335.
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	b Less direct expenses other than fundraising expenses	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe ►)	8
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 18,386.
Expenses	10 Grants and similar amounts paid (attach schedule)	10 50,397.
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 12,914.
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ►)	16 9,857.
	17 Total expenses. Add lines 10 through 16	17 73,168.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -54,782.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 178,557.
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 123,775.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	178,557.	22 123,775.
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	178,557.	25 123,775.
26 Total liabilities (describe ►)		0. 26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	178,557.	27 123,775.

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02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

15271110 759137 77050

2009.04050 LEAVE THE LIGHT ON FOUNDATION 77050

Part III: Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 3

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3)
and 501(c)(4) organizations and
section 4947(a)(1) trusts, optional
for others)

28 CONTRIBUTIONS TO VARIOUS CHARITIES TO SUPPORT VARIOUS
COMMUNITY ACTIVITIES, YOUTH ORGANIZATIONS, AND YOUTH
EDUCATION.

(Grants \$ 50,397.) If this amount includes foreign grants, check here

1

50,397.

29

(Grants \$) If this amount includes foreign grants, check here ►

30

If this amount includes foreign grants, check here

31 Other program services (attach schedule)

If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

50,397.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

Yes	No
33	X
34	X

- a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?
 b If "Yes," has it filed a tax return on Form 990-T for this year?
 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N
 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.
 b Did the organization file Form 1120-POL for this year?

35a	X
35b	N/A

36	X
37b	X

38a	X
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- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

38b	N/A
39a	N/A
39b	N/A

- 39 Section 501(c)(7) organizations Enter

39a	N/A
39b	N/A

- 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0. , section 4912 ► 0. , section 4955 ► 0.

40b	X
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- b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

► 0.

- c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

► 0.

- d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

► 0.

- e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40e	X
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- 41 List the states with which a copy of this return is filed ► MI

- 42a The organization's books are in care of ► JEROME DURDEN Telephone no ► 313-567-3300
 Located at ► 2211 E. JEFFERSON AVE, DETROIT, MI ZIP + 4 ► 48207

Yes	No
42b	X

- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42c	X
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If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

- c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country ►

- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► 43	N/A
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Yes	No
44	X
45	X

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- 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

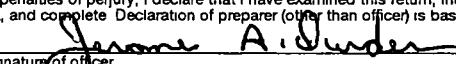
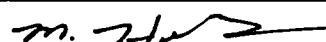
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No 46 X
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 X
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization? 49a X
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 49b

(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

- f Total number of other employees paid over \$100,000 ► _____
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
		Date	11/22/10
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ► 	Date	11-15-10
	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instr) P00057187	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► PLANTE & MORAN, PLLC 111 E. COURT ST., SUITE 1A FLINT, MI 48502-1647		
	EIN ►	Phone ►	
	no (810) 767-5350		

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

LEAVE THE LIGHT ON FOUNDATION

38-3626538

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION

AMOUNT

MISCELLANEOUS EXPENSES	1,581.
INSURANCE	1,201.
SUPPLIES	7,075.
TOTAL TO FORM 990-EZ, LINE 16	9,857.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 2

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
COMMUNITY CARING PROGRAM P.O. BOX 530967 LIVONIA, MI 48153	NONE	5,000.
ABUNDANT CARE TRAINING 18701 GRAND RIVER AVE. DETROIT, MI 48223	NONE	20,397.
COALITION OF BLACK TDE UNIONISTS 2 WISCONSIN CIRCLE, SUITE 700 CHEVY CHASE, MD 20815	NONE	15,000.
VISION OF VICTORY CHRISTIAN CENTER 4401 E. DAVISON DETROIT, MI 48212	NONE	5,000.
ARTHRITIS FOUNDATION OF MI 1050 WILSHIRE DRIVE TROY, MI 48084	NONE	5,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		50,397.

THE LEAVE THE LIGHT ON FOUNDATION (THE FOUNDATION) WAS INCORPORATED ON JUNE 5, 2000, AND FORMED FOR THE PURPOSE OF RAISING MONEY TO BE USED FOR VARIOUS CHARITABLE AND COMMUNITY ACTIVITIES. THE FOUNDATION USES GOLF TOURNAMENTS TO RAISE MONEY BY SEEKING SPONSORSHIPS FOR EACH OF THE HOLES AT THE GAME AND RECEIVING CONTRIBUTIONS AND DONATIONS FROM INDIVIDUALS AND PROFIT OR NONPROFIT CORPORATIONS WHO SUPPORT THE ACTIVITIES OF THE FOUNDATION. THE FOUNDATION ALSO SUPPORTS COMMUNITY YOUTH ORGANIZATIONS THAT ENCOURAGE YOUTH EDUCATION AND RECREATIONAL ACTIVITIES.